

**Confirmation No. 8520**00394.US1  
PC26876**IN THE UNITED STATES PATENT & TRADEMARK OFFICE****APPLICANT** : Susan Fox Jacobsen, et al.**EXAMINER** : Brenda L. Coleman**SERIAL NO.** : 10/033,241**ART UNIT** : 1624**FILED** : December 28, 2001**PAPER NO** :**FOR** : Substituted Indolines**RECEIVED**  
**CENTRAL FAX CENTER****FEB 22 2005****Amendment and Response**Commissioner for Patents  
P.O. Box 1450  
Alexandria, Virginia 22313-1450

Dear Sir:

This is in response to the November 24, 2004 Office Action.

**Amendments to the Claims** are reflected in the listing of claims, which begins on page 2 of this paper:**Remarks/Arguments** begin on page 34 of this paper.

Customer No. 28880

Confirmation No. 8520

PTO/SB/21 (02-04)

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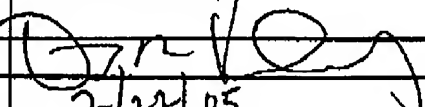
Application Number	10/033,241
Filing Date	December 28, 2001
First Named Inventor	Susan Fox Jacobsen, et al.
Art Unit	1624
Examiner Name	Brenda L. Coleman
Attorney Docket Number	00394.US1 (PC26876)

Total Number of Pages in This Submission 39

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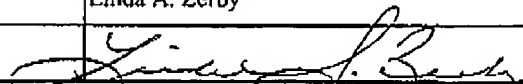
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| <input checked="" type="checkbox"/> Amendment/Reply                          | <input type="checkbox"/> Petition  | <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) |
| <input type="checkbox"/> After Final   | <input type="checkbox"/> Petition to Convert to a Provisional Application  | <input type="checkbox"/> Proprietary Information  |
| <input type="checkbox"/> Affidavits/declaration(s)                           | <input type="checkbox"/> Power of Attorney, Revocation   | <input type="checkbox"/> Status Letter  |
| <input type="checkbox"/> Extension of Time Request                           | <input type="checkbox"/> Change of Correspondence Address  | <input type="checkbox"/> Other Enclosure(s) (please identify below):                    |
| <input type="checkbox"/> Express Abandonment Request                         | <input type="checkbox"/> Terminal Disclaimer   |   |
| <input type="checkbox"/> Information Disclosure Statement                    | <input type="checkbox"/> Request for Refund  |   |
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| <input type="checkbox"/> Response to Missing Parts/Incomplete Application    | <b>Remarks</b>   |   |
| <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | Authorization to charge the fee and any additional fees as necessary or credit any overpayment to Deposit Account 23-0445 is hereby given. |   |

**SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT**

Firm or Individual name	David R. Kurlandsky
Signature	
Date	2/22/05

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